

III. VERIFICATIONS

Certification by Public Defender Board

I, _____, chairman of the _____ County Public Defender Board, hereby certify that the aforementioned financial information, attorney information, and information contained on the "Case Assignment Worksheet" is true, accurate, and complete to the best of my knowledge; and furthermore, that _____ County is currently operating in substantial compliance with the "Standards for Indigent Defense Services in Non-Capital Cases" of the Indiana Public Defender Commission.

Date

Signature

Certification by County Auditor

I, _____, Auditor of _____ County, hereby certify that I have reviewed the information contained in this "Request for Reimbursement," and that the amount listed above specifying the total expenditures for indigent defense during the period _____ is true and accurate to the best of my knowledge.

Date

Signature

"Standards for Indigent Defense Services in Non-Capital Cases" are available on the Internet at <http://www.in.gov/judiciary/pdc/docs/standards/indigent-defense-non-cap.pdf>